Attorney Docket No. 009848-0324026

Client Reference: G3126US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CHRISTA SCHLEPER, MELANIE JONUSCHEIT, JURGEN ECK,

FRANK NEIHAUS, SONJA-VERENA ALBERS, and SABRINA

FROELS

Application No.: 10/559,583 Group Art Unit: 1645

Filed: December 2, 2005 Examiner: Not yet assigned

Confirmation No.: 2702

For: ARCHAEON EXPRESSION SYSTEM

RESPONSE TO NOTIFICATION OF DEFECTIVE RESPONSE

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Applicant's submit herewith the following for filing in connection with the aboveidentified patent application:

(1) Fee Transmittal; and

(2) Copy of Notification of Defective Response.

Date: April 6, 2007

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US

Under the Paperwork Reduc	tion Act of 199	95 no persons are	required to re	U.S. Paten	t and Tradem	ark Office; U.S. Di	EPARTMENT OF COMMERCE ys a valid OMB control number	
				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur	mber 10	10/559,583		
FEE TR	RANS	SMITT	AL	Filing Date	D	ecember 2, 20	005	
For FY 2006				First Named Inv	ventor C1	CHRISTA SCHLEPER		
TV				Examiner Name	e TI	TBA		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit	16	1645		
TOTAL AMOUNT OF PAYMENT (\$) 230.00				Attorney Docke	t No. OC	009848-0324026		
METHOD OF PAYMEN	IT (check a	ıll that apply)						
Check Credit	Card	Money Order	Nor	o Other (nlesse identi	60*		
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 033975 Deposit Account Number: Deposit								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
			ilector is rici					
X Charge fee(s) indicated below								
X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments								
WARNING: Information on th Information and authorization	is form may b	become public. C	redit card inf	ormation should n	ot be includ	ed on this form. I	Provide credit card	
FEE CALCULATION (All the fees	below are di	ue upon fi	ling or may be	subject t	o a surcharge	9.)	
1. BASIC FILING, SEA	RCH, AND FILING			CH FEES	EXAMIN	IATION FEES		
Academic Tons	Fee (\$)	Small Entity		Small Entity		Small Entity	Fees Paid (\$)	
Application Type	300	Fee (\$) 150	Fee (\$		Fee (\$) 200	Fee (\$) 100	0.00	
Utility	200	100	100	250 50	130	65	0.00	
Design Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE		100	0	U	0	U	Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50 200	25 100	
Each independent claim over 3 (including Reissues) Multiple dependent claims						360	180	
Multiple dependent claims Total Claims							ependent Claims	
22 -20 or HP = 2 × 25.00 = 50.00						Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						180.00	180.00	
Indep. Claims 1 - 3 or HP =	Extra Clair	ms Fee (5) <u>Fee</u>	Paid (\$) 0.00				
HP = highest number of inde			er than 3.					
2 APPLICATION SIZE FEF								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction to <u>Total Sheets</u> 100 =	hereof. See Extra She	e 35 U.S.C. 41 ets Nun / 50 =	nber of eac	and 37 CFR 1.1 h additional 50 c (round up to a v	r fraction		e (\$) Fee Paid (\$) 00 = 0.00	
4. OTHER FEE(S) Non-English Specifi	cation, \$	130 fee (no sn	nall entity	discount)			Fees Paid (\$)	
Other (e.g., late filin	g surcharge	e):						

SUBMITTED BY Registration No. (Attorney/Agent) 31678 Telephone 858.509.4022 Signature Date Name (Print/Type) Wetherell April 6, 2007

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